

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/070819</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	4					
TOTAL CLAIMS	5					

	* 1st AMENDMENT		* 2nd AMENDMENT		* 3rd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

FORM PTO-1360 (REV. 3-78)

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS
Barbara Campbell
 National Stage Processing
 (703) 305-3831

Barbara Campbell
 National Stage Processing
 (703) 305-3831
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